

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

IN RE: HOME HEALTH TECHNICAL ADVISORY COUNCIL
SPECIAL-CALLED MEETING

September 17, 2020
11:30 A.M.

All Participants Appeared Via Zoom or Telephonically)

APPEARANCES

Billie Dyer
CHAIR

Annlyn Purdon
Missy Stober
TAC MEMBERS

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(Continued)

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KENTUCKY HOME CARE
ASSOCIATION

Stephanie Bates
Veronica Cecil
Angie Parker
Charles Douglass
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(Court Reporter's Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)

AGENDA

1. Call to Order
2. Welcome and Introductions
3. Approval of Minutes
4. OLD BUSINESS
 - * Supplies quantities update
 - * Telehealth/remote Monitoring update from DMS
 - * COVID/PHE updates from DMS/Cabinet
 - * EVV Update
5. NEW BUSINESS
 - * WellCare new system for determining need
(Providers have observed denials for patients that would normally qualify. Can Wellcare discuss/detail the new criteria for determining need?)
6. Adjournment

1 MS. DYER: Missy, can you guys
2 hear me?

3 MS. STOBBER: I can hear you and
4 I can hear Evan.

5 MS. DYER: I can't hear Missy.
6 So, you guys are muted somehow. It's showing you've
7 got yourselves unmuted.

8 MS. DYER: I can hear me and
9 Evan and you can hear each other. I don't know how
10 I would be unplugged. Can anybody else hear me?

11 MR. REINHARDT: Yes, we can
12 hear you.

13 MS. DYER: Evan can hear me but
14 I can't hear you. Nothing is muted. I don't know
15 how that could be. Wonder if I just leave and come
16 back in? I'm going to try that.

17 Now can you hear me? You can
18 hear me but I can't hear you. So, we can do one of
19 two things. We can type in if we have a comment or
20 I don't know what else to do really with it. I
21 guess I could try calling in. Let me do that but
22 I'll probably just be on the phone.

23 MS. CLARK: I think in order to
24 meet quorum, we have to be able to see everyone on
25 the TAC.

1 MR. REINHARDT: It looks like
2 Billie is going to join from her phone.

3 OFF THE RECORD

4 MS. DYER: Hello. I'm not sure
5 you can see me but that's okay. I can hear you now,
6 Evan.

7 We'll get this meeting
8 started. I never got a final agenda but we do have
9 a draft agenda, and I think, Evan, you gave some
10 clarification to that agenda.

11 MR. REINHARDT: Yes. I'll
12 shoot it over to you here just real quickly, Billie.
13 There was one up on the website, so, I've got it
14 right in front of me.

15 MS. STOBBER: Can you forward it
16 to me also so I don't have to go look for it? Thank
17 you.

18 MR. REINHARDT: I will do that.

19 MS. DYER: You probably need to
20 send it to all of us because that didn't even enter
21 my mind honestly to go look for it on the website.

22 MR. REINHARDT: I will send it
23 right now.

24 MS. DYER: While Evan is doing
25 that, I think we need to take a minute to say who is

1 on the call.

2 (INTRODUCTIONS)

3 MS. CECIL: This is Veronica
4 Cecil, Deputy Commissioner for Medicaid. And, Ms.
5 Dyer, so, in terms of logistics for these meetings,
6 everybody doesn't have to identify themselves. It's
7 just if they speak. So, we definitely have to have
8 the TAC members identify themselves; but, otherwise,
9 unless they speak, then, they identify themselves
10 before they speak.

11 MS. DYER: Okay. Welcome,
12 Veronica. We have always done that so we just know
13 who is there. We did it in person and on the phone,
14 not really so much as a part of the official meeting
15 but just so we know who is on there. Is that not
16 allowed now?

17 MS. CECIL: So, people do not
18 have to identify themselves. That's part of the
19 policies and procedures for this type of a meeting
20 is that people don't have to identify that they are
21 participating in the meeting.

22 MS. DYER: Okay. Well, we've
23 never heard that before. So, that's why I did that.
24 We've done that for many years.

25 MS. CECIL: I understand, and

1 we're kind of in a new world. And, so, we're just
2 trying to follow the guidance that has been given to
3 us about how these meetings are supposed to operate
4 during this time.

5 MS. DYER: We understand that.

6 MS. CECIL: Thank you.

7 MS. DYER: Can you direct us to
8 where we can find that information so that we do
9 follow the appropriate guidelines and regulations
10 because there may be more things that you're going
11 to tell us that we shouldn't do. We just want to do
12 what we need to do.

13 MS. CECIL: Sure. And I
14 apologize because I thought we did send something
15 out a couple of months ago about how to hold a
16 meeting to comply with open records' and open
17 meetings' rules. And, so, I will find that and make
18 sure that you get that. We'll make sure that gets
19 re-sent out.

20 MS. DYER: I do think we did
21 get that but I wasn't aware and I'm not sure anybody
22 else on the Home Health TAC was aware that that was
23 part of it. We did get something on open records but
24 I do not recall seeing that. So, if you would get
25 that to us, I would really appreciate it.

1 MS. CECIL: Sure thing. Thank
2 you.

3 MS. DYER: Okay. I think that
4 we all have the agenda. Sorry for all the technical
5 whatever, but we usually start these meetings at
6 11:00. That's what was on the website, but the Zoom
7 started at 11:30. So, I apologize for my technical
8 difficulties as well.

9 We will go ahead, then, with
10 the agenda and thank you all for consenting to a
11 special-called meeting. So, we're calling the
12 meeting to order and we are a little bit late on
13 that.

14 And as you see on there,
15 Veronica, we have Welcome and Introductions that we
16 usually do after we call the meeting to order
17 actually. So, I guess that we will need to modify
18 that.

19 And Number 3, approval of
20 minutes from the last Home Health TAC meeting, do I
21 have a motion to approve those minutes?

22 MS. PURDON: Did we get
23 minutes?

24 MS. DYER: I think the
25 inclination now or the direction now is going to be

1 that we need to go to the site and pull them based
2 on the agenda not being sent out. Would you think
3 that that's what we need to do, Evan, or Veronica?
4 We may have to table approval of minutes if nobody
5 has them.

6 MS. PURDON: Yeah. I haven't
7 read them.

8 MR. REINHARDT: It looks like
9 we don't have any minutes on there from this year,
10 at least on the website.

11 MS. DYER: So, we're going to
12 have to table that if they're not out. So, we'll
13 have to pick that back up with the next Home Health
14 TAC meeting. That's the only thing I know to do
15 with that.

16 Number 4, Old Business. We
17 have talked about this topic - supplies quantities
18 update. Evan, can you help? I don't think Susan is
19 on here and she is the one that has had that. So,
20 can you help relate where we are with that?

21 MR. REINHARDT: Sure. And I
22 think the latest request from DMS was for some
23 additional information and Susan was working on that
24 in particular, but the issue for those that haven't
25 heard this before is there are specific order

1 quantities that MCOs have for particular supplies.
2 And based on those order quantity specifics, the
3 claims get denied on occasion because the claim
4 doesn't match up with the order quantities.

5 We've asked for the order
6 quantities and haven't gotten much information back.
7 So, we've kind of gone back and forth and sent lists
8 of typical supplies that are ordered and what they
9 actually come in in terms of a package which is
10 another issue.

11 So, if a certain supply has a
12 pack of five or ten and the order quantity doesn't
13 match up to that, that's kind of another logistics
14 issue there, too.

15 So, I think Susan was supposed
16 to kind of be coordinating some details with DMS in
17 particular one additional step after we had gotten
18 the supplies list over and I'm not sure if that has
19 been completed yet but that's kind of where we are
20 in the process.

21 MS. DYER: We will keep that on
22 the agenda for the next meeting that we request.
23 Susan is usually on these meetings but I'm sure
24 something has come up today.

25 Number 2, telehealth and

1 remote monitoring update from DMS. So, I'm not sure
2 who would want to speak from DMS about that.
3 Veronica, is that something you can speak to? I
4 don't know who else is on here from DMS.

5 MS. CECIL: Charles, are you
6 prepared to speak about that?

7 MR. DOUGLASS: Sure.
8 Telehealth right now, of course, during the
9 pandemic, we've relaxed the regulation to allow the
10 use of telehealth as long as it is approved by
11 whatever licensing organization has for the
12 particular provider type.

13 So, with Home Health, you can
14 use telehealth to contact the individuals if they're
15 capable of that. We're finding that a lot of our
16 recipients out in Kentucky don't have access to a
17 computer to do video and audio telehealth. So, we
18 wouldn't be able to do it with those.

19 As for the remote monitoring
20 of using that, we're still debating that, the use of
21 those devices to be included as an approved process
22 for home health as well as other provider types that
23 would use like blood pressure monitoring equipment
24 and things like that are basically hooked up via the
25 telephone.

1 MS. DYER: Evan, do you have
2 any questions or anything to add to the telehealth
3 and, then, the remote monitoring?

4 MR. REINHARDT: I think for
5 both of those, previously on the remote monitoring,
6 that was included in some regulations that were
7 passed in terms allowing the service but no
8 reimbursement was included. So, I think that's the
9 key question for remote monitoring.

10 As far as telehealth goes, I
11 know our group has been very active in utilizing
12 telehealth where it's been appropriate, and in a lot
13 of cases, the patients or clients are requesting
14 that services be conducted that way.

15 So, our thought process and
16 previous discussions with DMS in particular have
17 focused on maintaining telehealth as an opportunity
18 for home health agencies even beyond the pandemic,
19 the public health emergency. That's one request that
20 we just want to reiterate is we would like to see
21 that continue.

22 And, then, likewise, for
23 remote monitoring, we'd like to see the opportunity
24 to get reimbursed for those services because it's
25 sort of a supplemental function both to in-person

1 services and can potentially prevent some
2 unnecessary hospitalizations. So, that's where we
3 are on telehealth and remote monitoring from our
4 side of things.

5 MR. DOUGLASS: We're very much
6 engaged in talks about what we hope to be able to
7 continue once the state of emergency and the
8 pandemic is over.

9 Especially with telehealth,
10 right now, we're kind in a stage where we're looking
11 at how effective it is both in the way of costs as
12 well as outcomes. And, so, that's something that we
13 have been discussing all along. We can only hope
14 that it winds down quickly and we'll be able to make
15 a decision as to what services of telehealth will
16 continue.

17 MS. DYER: Charles, I do have a
18 question about that, please. What we've been told
19 and somebody else may want to chime in on the TAC
20 about this, too - but as long as HHS - I believe
21 that's the right acronym - declares a national
22 emergency, that the State of Kentucky will follow
23 that and that we can do telehealth with appropriate
24 patients in home health or any services that we
25 provide.

1 Of course, hands-on direct
2 care, that is out. We know we cannot do that, but
3 we're finding for EPSDT Special Services across the
4 state, I think that therapists can do those kinds of
5 things, teaching maybe with nurses in skilled, all
6 those kinds of things that I'm sure from what you're
7 saying you all have discussed.

8 But the question I have is the
9 last that we heard I believe on the last Home Health
10 TAC call which was in July, that that date was the
11 25th of October, that that's when the national
12 emergency will expire unless there's another ninety-
13 day extension or whatever period of time extension.

14 Is there any update to that
15 date?

16 MR. DOUGLASS: Not that I'm
17 aware of.

18 MS. BATES: This is Stephanie
19 and I'm sorry I was late, but, no, that's the date
20 but that doesn't mean that that's the day that
21 everything gets put off. So, just know that. All
22 of a sudden, everything stops.

23 MS. DYER: Okay. So, we have
24 the Deputy Director on. May we ask your role now,
25 Stephanie? What are you doing?

1 MS. BATES: I'm still Deputy
2 Commissioner and Veronica is also a Deputy.

3 MS. DYER: That's good. I'm
4 sure that it's very useful that there's two of you.

5 Does anybody have any idea
6 when we will be notified of how much extension there
7 will be to telehealth, then, just for planning for
8 all of us?

9 MS. BATES: No.

10 MS. DYER: Okay.

11 MS. CECIL: Ms. Dyer, this is
12 Veronica. The last extension didn't happen until
13 the week of and that causes panic and anxiousness.
14 I understand that.

15 We have also been discussing
16 with CMS what does emerging from this look like and
17 they have not really given us guidance either. I
18 think they know and understand that states are going
19 to have to be able to have to unwind and to emerge.
20 And, so, we're definitely sharing that with CMS what
21 our concerns would be around that.

22 MS. DYER: I understand. It's
23 not an easy time for anybody to get communication
24 and there's so many decisions to be made.

25 MS. BATES: And the last thing

1 - you know this - the last thing that we want to do
2 is abruptly stop a service that you utilize. So,
3 there will be communication as soon as we know
4 something.

5 MS. DYER: I appreciate that,
6 Stephanie. Thank you. Thank you both very much.

7 Does anybody else have any
8 questions or comments on telehealth and remote
9 monitoring before we move on?

10 MR. REINHARDT: I think just
11 one other thing, Billie, on the waivers generally
12 and Stephanie and Veronica, just to add some color
13 for you both.

14 So, this includes not only the
15 telehealth piece but some of the other waivers for
16 home health with the non-physician practitioners
17 and beyond that, that some of agencies are so afraid
18 that if they make a change to utilize the waivers
19 and, then, the waivers are pulled, it would be more
20 difficult for them to kind of unwind that.

21 So, they're hesitant to start
22 utilizing some of those, even though it might be in
23 the case of non-physician orders for home health,
24 you could improve outcomes, improve oversight of
25 care by involving that non-physician practitioner.

1 So, we're all for the waivers and understand you
2 guys are in a difficult position but just wanted to
3 add a little more detail there.

4 MS. DYER: Yes. Thank you for
5 adding that.

6 MS. STOBBER: I have a followup
7 question on the billing for the telehealth. Does it
8 have to be telehealth? What if the ability to do
9 the video is not there but there's the telephonic
10 piece of it, is that also billable or is that not
11 considered a billable visit?

12 MR. DOUGLASS: There are codes
13 that we have put in the system for those occasions.
14 I will send that list of those codes out to you all
15 and let you know exactly what code you would bill in
16 case that happens.

17 MS. STOBBER: Okay. Thanks.

18 MS. CECIL: Charles, that is
19 also on our FAQ's. That's the only way we were
20 distributing it to providers.

21 MR. DOUGLASS: That's true. I
22 forgot about that.

23 MR. REINHARDT: Yeah, I'm
24 pretty sure ours are covered. So, not to overstep
25 but the decision was made, I think, to not add

1 additional codes for our group. So, we bill just
2 like we would normally, but the event might take
3 place via telehealth which includes a telephonic
4 interaction, and the FAQ's I think do touch on all
5 that.

6 MS. DYER: Missy, did you hear
7 what Evan is saying? I think that all you have to
8 do on the billing is designate the place of service.
9 That's what I understand from my billing staff. Is
10 that correct, Charles?

11 MR. DOUGLASS: I believe so,
12 yes. It would be place of service. I think it's
13 02.

14 MS. DYER: Yes, 02 is correct.

15 MR. DOUGLASS: That would
16 indicate it's performed via telehealth.

17 MS. DYER: Okay. Anything else
18 before we move on?

19 Number 3, COVID/PHE updates
20 from DMs and Cabinet. You all have pretty much
21 already done that, but, Veronica, Stephanie - and,
22 Veronica, you're free to call me Billie - that's
23 fine - Charles, do you all have anything else to add
24 or update that we haven't touched on?

25 MS. BATES: What was the ask?

1 I can't see it. I'm sorry.

2 MS. DYER: COVID/PHE updates
3 from DMS or the Cabinet.

4 MS. BATES: Are you talking
5 about presumptive eligibility?

6 MS. DYER: Any COVID or PHE
7 updates that DMS has or the Cabinet.

8 MS. CECIL: I think we've
9 talked about it already. And, Mr. Reinhardt, to
10 your comment about worried about baking things in if
11 it's going to change, we're sensitive to that. As
12 Charles mentioned, we're looking at what are the
13 things that regardless of the emergency we want to
14 continue on as a permanent change around telehealth.

15 So, as we finalize those
16 decisions, we certainly will communicate those so
17 providers can have some assurance that these are
18 things that will stay and you can continue to
19 operate under that.

20 MS. DYER: We appreciate that.

21 MR. REINHARDT: Yes. Thank
22 you.

23 MS. DYER: The comment I would
24 make is I think we're in for a way longer haul than
25 we could have all have ever imagined in February and

1 March with COVID and just trying with all that we
2 have to provide much needed services in some manner.
3 So, we really appreciate that consideration.

4 And we have found that DMS is
5 very - we know that you all want to provide those
6 services. You're very much on that page. So, we
7 really appreciate it.

8 And if there's ever anything
9 Kentucky Home Care or we can do to contribute to
10 questions, I'll just offer up Evan or anybody on the
11 Home Health TAC to do that because we're all here
12 for the patient and the service.

13 So, the final Old Business is
14 an EVV update which I don't know if Veronica,
15 Stephanie, Charles, and, then, I'm going to ask Evan
16 to update because he's on a committee with you all
17 at DMS. So, who would like to lead off on that
18 update?

19 MR. REINHARDT: I'll jump in
20 here real quick and I think for our purposes, we
21 just want to make sure that as an industry, we're
22 coordinating everything we need to coordinate with
23 DMS and through the committee.

24 The full information I think
25 has been good in terms of both sending out timely

1 updates as well as posting them to the website.
2 That January 1 is creeping up. So, that's our big
3 concern is making sure everybody is ready for that
4 and has a system that can start, at least kind of
5 practicing submitting claims which I think we're a
6 little less than a month away from starting that
7 process.

8 So, that's kind of it from our
9 side of things, but we just want to make sure
10 there's nothing that we can't do as an industry to
11 make sure we continue to implement as speedily and
12 smoothly as we can.

13 MS. BATES: This is Stephanie.
14 Pam Smith usually gives those updates. It doesn't
15 look like she was able to make it. So, can we just
16 give you a written update?

17 MR. REINHARDT: Sure. That
18 will be fine.

19 MS. DYER: And kudos to Pam and
20 that team as far as education goes. I've heard from
21 the staff here in this agency that the training has
22 been way improved from anything that they've had to
23 do.

24 So, I think that Tellus has been
25 really a good partner in providing education thus

1 far. So, that's something that seems very strong is
2 the education piece, and I'm hearing that from my
3 staff. So, I'd be hearing if it wasn't.

4 And we heard that echoed with
5 the Kentucky Public Home Health Alliance group and
6 some of you, Missy or Annlyn, on the call, you all
7 may be seeing the same thing or if it applies to
8 you, but the education has been very good so far.
9 So, we appreciate that.

10 MS. BATES: That's good to
11 hear. I'll get Pam to send a written update for you
12 guys.

13 MS. DYER: Appreciate it. New
14 Business. I think we have several people from
15 WellCare - I don't know if we're supposed to know
16 that or not, Veronica - I'm very sorry - but
17 WellCare's new system for determining need.
18 Providers have observed denials for patients that
19 would normally qualify. Can WellCare discuss
20 details and new criteria for determining need?

21 Specifically, one of the
22 things is we've been hearing homebound status thrown
23 out again. So, Evan, do you have anything to add to
24 that?

25 MR. REINHARDT: I don't know if

1 Annlyn has any additional information but that's one
2 big piece that we've seen to this point is the home
3 bound determination kind of dictating what happens
4 in terms of an authorization.

5 We've sent over a couple of
6 examples but I don't know if the detail was there
7 because these were denials - they weren't approvals
8 - to kind of look through detailed information.

9 I don't know if Annlyn has
10 anything else she wants to add in there, too.

11 MS. PURDON: I do. Actually,
12 homebound wasn't anything that we had seen so far.
13 Our auth person was told by one of WellCare's auth
14 people a few weeks ago that there was going to be a
15 new system. And I don't know what those systems are
16 called, like some are Interqual or whatever, they
17 put in what's wrong with the patient and then they
18 get out what they can authorize.

19 We had two specific. One was
20 med pre-fills for a gentleman that has mental issues
21 as well as visual issues. Those have been approved
22 for years and years and suddenly they're denied.

23 I had another lady that we've
24 been doing aide-only services on for six years and
25 suddenly she was denied. And in the letter, it

1 literally said that if she couldn't take care of her
2 needs herself at home or her caregiver, she should
3 go probably to a nursing home and they didn't pay
4 for a nursing home, but she could go back to
5 traditional Medicaid and they would pay for her to
6 enter a nursing home.

7 And my other part was - and
8 there are so many things in this world that
9 Annlyn doesn't know, but since we are supposed to do
10 cost savings for Medicaid as part of this committee,
11 I don't understand.

12 We have been taking care of
13 this lady for six years at home, and I have to
14 imagine that has been much cheaper than Medicaid
15 paying for a nursing home. So, I didn't know how
16 this is considered cost savings.

17 And a lady from WellCare did
18 get in touch with me. I have sent her those
19 examples. I haven't heard anything back from her
20 yet because that was actually just on the 15th that
21 I sent all the stuff to her.

22 MR. MINGUS: Hi. This is Jason
23 Mingus, a Provider Rep with WellCare. Would it be
24 possible for me to get those examples as well so I
25 can follow up with our UM Department? I'll give you

1 my email. My email is Jason.Mingus@WellCare.com,
2 and I'll be more than glad to talk to our UM
3 Department and our Senior Manager of Provider
4 Relations as well to get you all an answer back
5 before the next meeting or give an update at the
6 next meeting.

7 MS. PURDON: Okay.

8 MS. PARKER: And Angie Parker
9 with Medicaid. If you could also send me those as
10 well because initially when Sharley told me what was
11 on the agenda, I did touch base with WellCare. So,
12 it's good to hear that they did follow up with you
13 on the 15th, and I would like to be included in the
14 outcomes of this discussion.

15 MS. PURDON: And just kind of
16 overall, a second part of that question is how is
17 this cost savings to Medicaid? Actually, WellCare
18 is like the last place that will pay for the aide
19 only. I don't know if Humana paid for it. So, I
20 was just curious as to how that was a cost savings
21 to Medicaid.

22 MS. DYER: Can I ask again,
23 Jason, for your email, and we will ask Evan to send
24 that out also to the Kentucky Home Care group so
25 that they have the right contact? Evan had to jump

1 off because he has a board meeting with Indiana Home
2 Care. He's both the Executive Director there and in
3 Kentucky.

4 So, I know that there have
5 been reports of denying based on homebound status.
6 So, can we have your email and Evan can share that
7 with the membership?

8 MR. MINGUS: Absolutely. My
9 email again is Jason.Mingus@WellCare.com.

10 MS. DYER: Tell me your title
11 one more time.

12 MR. MINGUS: Senior Provider
13 Relations Representative.

14 MS. DYER: Okay. We'll get
15 that out to everybody just so if they have examples,
16 they can get them on to you. Is that okay?

17 MR. MINGUS: That would be
18 fantastic. And I'll ask even something else. I
19 know earlier the comment was made that things were
20 getting approved and now they're not. And this may
21 have been sent already, but if you have a situation
22 where a member was approved previously and then now
23 they're not, if I could get information on when they
24 were approved and then denied, that way we will do a
25 compare and contrast and we'll talk to our UM people

1 about that and try to get down to the root cause of
2 why that has happened.

3 MS. DYER: I think Annlyn's
4 example is one of those examples because that's what
5 she reported that previously for years they had not
6 had any problems with getting approval, but I will
7 make sure that Evan knows that and he can get that
8 out to the membership.

9 MS. PARKER: And, Billie, this
10 is Angie. I think you have my email address. Yes?

11 MS. DYER: Yes, ma'am, we do.
12 We'll put you on there, too. I'll tell Evan to put
13 both of you on there for any of those issues because
14 I know from what he said but he had to get off that
15 and it was when we discussed the agenda that he had
16 several members with the homebound status being the
17 determining factor for denying and that doesn't go
18 with Medicare regulations or rules that any of us
19 are aware of.

20 MS. STOBBER: I have a followup
21 question from Annlyn's notation. So, medi-planner
22 pre-fills, if her history is that one Medicaid HMO
23 is not approving that and says it's not covered, now
24 there's another one, I guess my question to Medicaid
25 is, is that supposed to be a covered service if the

1 patient qualifies, like the situation Annlyn is
2 talking about or is that not a covered service any
3 longer?

4 MS. BATES: Charles, will you
5 answer that?

6 MR. DOUGLASS: I'm sorry.
7 Would you repeat the question?

8 MS. STOBBER: Sure. So, Annlyn
9 mentioned that this patient is being denied for no
10 longer being able to - it was not a covered service
11 any longer for a medi-planner pre-fill for a patient
12 who had mental illness that was not capable and
13 didn't have a caregiver and also had vision issues.

14 She also mentioned that Humana
15 is no longer paying for that and that WellCare was
16 the last one to do that. My question is, from a
17 Medicaid standpoint, is medi-planner pre-fills no
18 longer a covered service because my understanding
19 would be that Medicaid and the HMO's should all be
20 covering services similarly?

21 MR. DOUGLASS: That would be
22 something that would be covered through - I can only
23 speak for fee-for-service and we would cover that.

24 MS. BATES: I see Cathy
25 Stephens on here. Did you want to take that back?

1 MS. STEPHENS: Yes, we can take
2 that back. You say you'll be sending that in an
3 email as well? I just want to make sure I have it
4 captured correctly.

5 MS. STOBBER: And I don't have a
6 particular situation. Annlyn was saying that she
7 has past experience where Humana has denied it and,
8 again, when you said WellCare was the last one and
9 now they've also denied.

10 So, I'm just trying to verify,
11 people ask me, is that supposed to be a covered
12 service if the patient doesn't have a caregiver and
13 is not capable from the HMO like the Medicaid or am
14 I just not understanding?

15 MS. BATES: So, what I had said
16 was that Cathy Stephens is on and she is with
17 Humana. So, what she asked is if you could put that
18 in writing so that way---

19 MS. STEPHENS: I need an
20 example.

21 MS. BATES: I'm sorry.

22 MS. STEPHENS: I'm sorry. I
23 didn't mean to interrupt you. I'm just asking for
24 an example so we can make sure we get you the right
25 answer.

1 MS. BATES: Right, because she,
2 like me, probably wouldn't know that right off the
3 top of her head. So, she is going to have to go
4 back and ask her program folks what's going on. So,
5 if you could send that maybe over in writing and
6 that way everybody can take a look at it. We can
7 address the other plans as well but Humana will be a
8 good jumping-off point since it sounds like you have
9 an example of that.

10 MS. DYER: Is that you,
11 Stephanie?

12 MS. BATES: It is.

13 MS. DYER: I think what Missy
14 is saying is she doesn't have a specific example.
15 So, what the question is, is that still a covered
16 service or no longer a covered service? So, it's a
17 more general question than she has a specific
18 example of where that has been denied. Annlyn might
19 have an example of that; but based on - you know,
20 it's Annlyn that has the case.

21 MS. BATES: Sure, Billie. What
22 I heard is that WellCare is the last one to cover it
23 which tells me that you have examples of the others
24 not covering it. So, that's what we need to know.
25 I believe Charles said it is a covered service. So,

1 if we can get examples of when those have been
2 denied, we can go from there. I have to have those
3 examples in order to enforce the fact that it's
4 covered.

5 MS. DYER: So, probably what I
6 need to do when I email Evan about the portion of
7 the meeting when he had to leave, let me ask him to
8 canvas our membership and see if that's a problem
9 and get examples.

10 And, then, Cathy, I think he
11 has your email anyway. So, maybe it should go to
12 you, Angie, Stephanie and all the MCOs? Who all do
13 you want to have that information when he gets it?

14 MS. BATES: So, I think the
15 information needs to go to Sharley and Sharley will
16 get it to us and we'll go from there.

17 MS. DYER: Okay. That sounds
18 way more simplified. Does that meet your need,
19 Missy and Annlyn?

20 MS. STOBBER: It would answer my
21 question. I think from what Annlyn said that we may
22 have this similar issue with aide services only, to
23 maybe canvas and see if other people also have
24 denials from MCOs, if that's also still considered a
25 covered service by Medicaid.

1 MS. PURDON: And, sorry. Just
2 to clarify for us, when I said that WellCare was the
3 last one, that was on the aide only. I'll have to
4 ask about the med pre-fills. I've heard other
5 places had issues with that and it could just be
6 that I don't have any med pre-fill people with
7 Humana but I'll ask our auth lady if she has
8 examples of any.

9 MS. DYER: So, to make sure
10 we're all clear on what we're going to do, Annlyn,
11 you're going to send your specific examples to Jason
12 Mingus and Angie Parker. And, then, I'm going to
13 ask Evan to do a canvassing throughout the network
14 and see what he can find on any issues about people
15 or agencies not getting home health aide-only
16 service covered and medication pre-fill.

17 And the question is, are those
18 still covered services because I have to go back
19 here and say that what we've been told at the Home
20 Health TAC historically over the years is that while
21 MCOs are private companies getting that contract to
22 provide for Medicare beneficiaries, that the
23 clarification always is that there does have to be
24 following - I'm sorry. I just got a bunch of echo.
25 I don't know if the phone disconnected or what.

1 MS. STOBBER: I think somebody
2 turned on their speaker and their phone at the same
3 time.

4 MS. DYER: So, let me just
5 repeat that. I think that everybody understands
6 that we will get those questions to Sharley from
7 Evan when he canvasses the membership of Kentucky
8 Home Care Association to see if anybody is having
9 difficulty getting home health aide-only services
10 approved and medication pre-fill, but also the
11 overriding questions are is medication pre-fill
12 still an approved service for Medicaid recipients.

13 And my comment on all of that
14 was is historically over the past at least three to
15 four years or longer, that through the Home Health
16 TAC, we had been given the information that Medicaid
17 MCOs, even though they are a private company
18 contracting to pay for services to beneficiaries of
19 Medicaid, that there still does have to be by the
20 Medicaid MCOs, they have to follow Medicaid
21 regulation, period, and on services that Medicaid
22 would pay for.

23 MS. BATES: MCOs have to cover
24 at least what we cover in the State Plan and, of
25 course, have to follow all the regulations and

1 statutes, yes.

2 MS. DYER: Thank you,
3 Stephanie.

4 Anything else? Any questions
5 further or comments about the new business of
6 determining need?

7 Can I have a motion to
8 adjourn?

9 MS. STOBBER: So moved.

10 MS. PURDON: I'll second.

11 MS. DYER: Thank you all,
12 everybody that's on. We really appreciate everybody
13 that's on - Charles, both Deputy Commissioners.
14 Veronica, it's nice to meet you. We really
15 appreciate all of you. All the MCO representatives,
16 thank you all very much.

17 MEETING ADJOURNED

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